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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: P. W. KELLY ASSOCIATES, P.A.  Name of Corporation		
DOCUMENT NUMBER: P 1   000058511		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PETER ICELLY  Name of Contact Person		
Name of Contact Person		
P.W. KELLY ASSOCIATES, P.A.		
Firm/Company		
P.o. Box 331083 Address		
Address		
MIAMI, FL 33233  City/State and Zip Code		
City/State and Zip Code		
PKELLY@PWKPA.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at ( 786 ) 766 - 0012  Area Code & Daytime Telephone Number		
Area code de Baytime Perephone Pamber		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section  Street Address: Amendment Section		
Division of Corporations Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: P.W. KELLY ASSOCIATES, P.A.
2. The principal office address: 141 NE 3 AVE SUITE 810
MIAMI, FL 3313Z  3. The mailing address (if different): P.O. BUX 331083  MIAMI, FL 33233-1083
4. Date of incorporation/qualification: $\frac{6/24/11}{24/11}$ Document number: $\frac{911000058511}{24/11}$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  PETER W. ILELLY  6901 ED6EWATER DR #313
CORAL GABLES, FL 33133
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  PETER W. KELLY  CORAL GABLES, FL 33/33  PRATECTOR OF START OF
PETER W. KELLY  141 NE 3 AVE #810  P.O. BOX NOT acceptable  MIAMI, FL 33132
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director  Peter W. KELLY PRESIDENT  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signiture of Registered Agent 11/19/14 Date
If signing on behalf of an entity:
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*